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Letter to the editor

Response to the letter by Safak Ekinici et al.



We appreciate your comment on the surgical treatment of Pott's disease. The Gulhane Askeri Tip Akademisi (GATA) classification seems useful as treatment algorithm based on the extent of abscess formation and vertebral destruction leading to subsequent deformity [1]. Abscess drainage and debridement may be recommended in type IB lesions, where vertebral height is maintained and neurologic symptoms absent. Conservative treatment with chemotherapy is still the main stay of treatment in these lesions. However, at long-term follow-up, simple chemotherapy or debridement without fusion may result in disease reactivation [2]. Vertebral body collapse (type II) and severe destruction with kyphosis (type III) require surgical treatment including debridement, decompression in cases of spinal cord impairment, posterior instrumentation and deformity correction as well as anterior column reconstruction. This can be achieved by either anterior, posterior or combined approaches. The so-called "Hong Kong operation" includes radical debridement and strut grafting of the lesion, and seems to offer reliable long-term results [3]. Minimal invasive procedures including posterior percutaneous instrumentation, anterior debridement and reconstruction using a titanium mesh cage filled with autologous graft might represent an interesting alternative in the surgical treatment of type II lesions. Late deformities involving sharp kyphotic angles, might be treated by vertebral column resection in selected cases [4].

Disclosure of interest

The author declares that he has no conflicts of interest concerning this article.

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